

REISSUE FORM



Kentucky Board of Nursing

312 Whittington Pky Ste 300

Louisville KY 40222-5172

502-329-7000 or 800-305-2042

\$35 FEE FOR EACH CARD REQUESTED

(Fee is non-refundable)

Please type or print using capital letters and black ink.

Section 1: Biographical Data

Last Name	<input type="text"/>																									
First Name	<input type="text"/>												M.I.	<input type="text"/>												
Maiden Name	<input type="text"/>																									
Street	<input type="text"/>																									
City	<input type="text"/>																		State	<input type="text"/>						
Zip Code	<input type="text"/>				-	<input type="text"/>				County of Residence	<input type="text"/>															
Home Phone	<input type="text"/>		-	<input type="text"/>		-	<input type="text"/>		Daytime Phone	<input type="text"/>		-	<input type="text"/>		-	<input type="text"/>										
Social Security #:	<input type="text"/>			-	<input type="text"/>		-	<input type="text"/>			Ky License #:	<input type="text"/>				License Type:										
SANE Credential #:	<input type="text"/>				ARNP Registration #:	<input type="text"/>				-	<input type="text"/>		License Status:													
														<input type="radio"/> RN			<input type="radio"/> LPN									
														<input type="radio"/> Active			<input type="radio"/> Inactive									

Section 2: License Type Requested

Please indicate, by filling in the appropriate circle(s), the type of license, registration, or credential you are requesting.

☐ RN ☐ LPN ☐ ARNP ☐ SANE **A \$35 fee is required for each type of card requested.**

If you are requesting an ARNP registration card, please indicate the appropriate ARNP type:

☐ Anesthetist ☐ Clinical Specialist ☐ Midwife ☐ Nurse Practitioner ☐ Other (Please List) _____

Section 3: Reason for Reissue

Please fill in the appropriate circle indicating the reason for this request. **Your license, registration, and/or credential card MUST BE RETURNED with this form if you are requesting a change of name, and you must submit a copy of a legal name change document with this application.**

☐ Change or Correction of Name ☐ Lost ☐ Destroyed
☐ Stolen ☐ Never Received (No Fee Required)

Please write a brief summary of the reason you are making this request:

Section 4: Notary

I certify that I am the person who is referred to in the foregoing application for reissue of a Kentucky license, registration, and/or credential; that the statements contained herein are true in every respect; that I have read and understand this application. I further understand that the falsification of any information contained herein will be cause for disciplinary action.

Applicant's Signature

Subscribed and sworn to before me by _____

(Applicant's Name) this ____ day of _____, 20 ____.

SEAL

State Of

Commission Expires

Notary Public's Signature

For Office Use Only

Lic Status: _____

N/C Received: _____